Strategies to Enhance Iowa's Psychiatric Workforce

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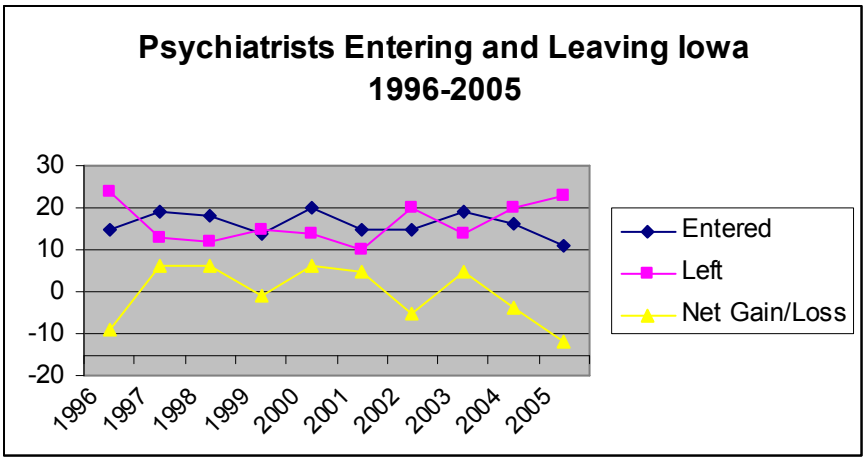
NOTE: This report was developed in collaboration with the Iowa Psychiatric Society. It reflects the opinion and perspective of the primary authors, including Michael Flaum, MD, Nancy Williams, MD, and Douglas Steenblock, MD.

Background – Problem Statement

Iowa is experiencing an ongoing and worsening shortage in capacity to provide psychiatric services throughout much of the state. While this issue is not unique to Iowa, several national databases suggest Iowa is one of the states in which this problem is most extreme. Specifically, Iowa has been ranked 47th among states in the number of psychiatrists per capita by the National Center for Health Workforce Analysis. [1] Iowa has half the number of psychiatrists per 100,000 population compared to the national figure (2). Stakeholders throughout Iowa's mental health system recognize that the situation has reached crisis proportion.

The number of physicians in Iowa as a whole has been increasing at a steady rate (2.3% per year) over the past several decades. Despite only a 2% increase in the total state population since 1970, there has been a 66% increase in the number of physicians statewide since that time.[2] This has not been the case for psychiatry: Numbers of psychiatrists have been relatively stable despite a dramatic increase in demand for psychiatric services. (There has been an increase of 65% in the number of Americans accessing mental health services between 1990-2000[3]). From 1996-2005 the number of psychiatrists in Iowa actually decreased from 224 to 221. Those leaving the state slightly outnumbered those entering, as shown below.



In an informal follow-up analysis of graduates of the University of Iowa Psychiatry Residency Program during that decade, 43 of 86 residents (50%) left the state immediately after graduating. Of the remaining 43 who stayed in Iowa immediately after residency, 32 have remained. Of those, 17 are at the University of Iowa, 10 are in private

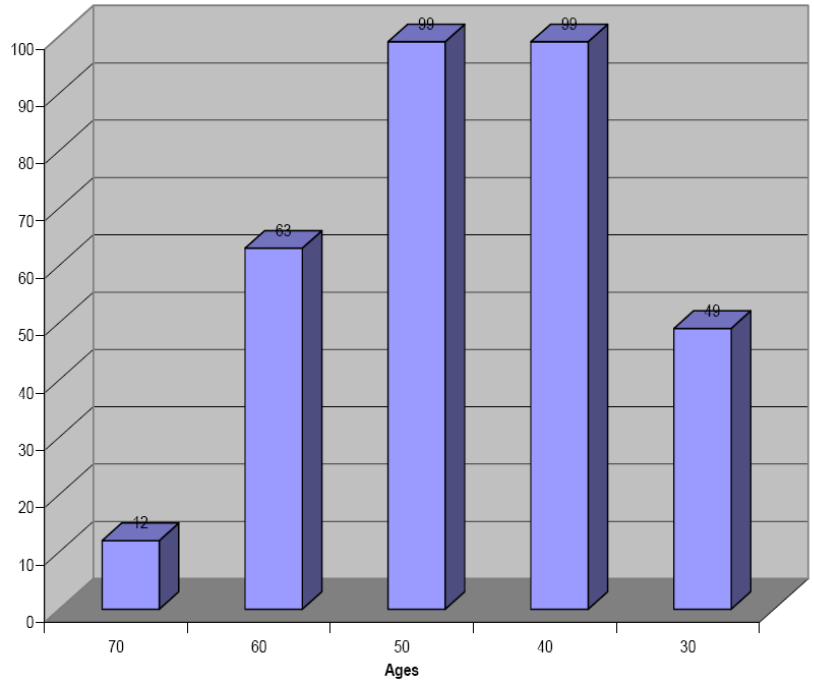
[1] http://bhpr.hrsa.gov/healthworkforce/reports/statesummaries/iowa.htm

[2] Iowa Physician's Workforce Report 2007: http://www.healthcare.uiowa.edu/CCOM/Administration/IowaPhysicianWorkforce.pdf

[3] National Comorbidity Survey indicating that 12% of adults < age 65 accessed mental health services in 1990 as compared to 20.1% in 2000.

practice, and only 5 are working in community mental health settings. Clearly this trend has to be turned around if we are to address the growing shortage.

A related problem is that the existing psychiatric workforce is aging and retiring faster than it is being replaced. This was demonstrated in a study done in 2006[4] by the Iowa Department of Public Health.



Ages by Decade of all Psychiatrists in 2005 Source: OSCEP 10/01/04

Strategies to Enhance the Psychiatric Workforce:

There are at least four basic strategies to increase the psychiatric workforce:

1. Increase inflow of psychiatrists (recruitment)
2. Decrease outflow of psychiatrists (retention)
3. Increase efficiency of existing psychiatric resources
4. Expand role of non-psychiatric health professionals

Over the past two legislative sessions, the issue of enhancing statewide psychiatric capacity has been addressed with small initiatives targeted at each of these strategies. These initiatives are explained further below.

[4] Iowa's Mental Health Workforce
http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/mentalhealth_0306.pdf

Recent Legislative Initiatives

In 2006, new monies were made available to support training of mid-level professionals (nurse practitioners and physician's assistants). In 2007, dollars were appropriated to support recruitment and retention of psychiatrists in underserved areas.

2006 – Enhanced Support for Mid-Level Professionals

Introduction:

This set of initiatives is targeted to strategy # 4 above, i.e., expanding the role of non-psychiatrist health care professionals in providing psychiatric services. In 2006, a total of $300,000 was allocated to the Department of Public Health to enhance training in psychiatry for mid-level professionals. Over the past two years these funds were split approximately evenly between the University of Iowa and the Cherokee Mental Health Institute for initiatives briefly described below.

Nursing Initiatives

Psychiatric Nurse Practitioner Incentives:

Nurse practitioners (NP's) are nurses with advanced training and certification who can function as independent providers within their scope of training and practice. Iowa is one of 23 states that currently allow for NP's to practice completely independently, i.e., without the involvement of a physician. [5]

Scope of practice is determined at the time of training and certification. Training for Advanced Registered Nurse Practitioners (ARNP's), can focus on a variety of areas. e.g., family practice pediatrics, anesthesia, psychiatry/mental health, etc.).

Only about 5% of all ARNP's in Iowa are certified in psychiatry/mental health. The University of Iowa has offered training towards certification in psychiatry/mental health for many years. However, over the past decade, relatively few had chosen to pursue this career path.

One initiative that has been funded by legislative dollars over the past two years is targeted to increasing the number of ARNP trainees choosing psychiatry/mental health. The primary method was to provide small stipends as an incentive (<$4,000 per year towards tuition) for ARNP students who choose psychiatry. These stipends have been given to a total of 13 students over the past two years, four of whom completed their training in August of 08, and the remainder over the next few years. This compares to a total of 5 ARNP students who chose psychiatry/mental health over the past 6 years combined. Additionally, a small amount of funding was made available for recruitment and job placement at the conclusion of training. The total annual cost for this program is <$50,000 annually.

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[5] American College of Nurse Practitioners: Scope of Practice
http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3465

Enhanced Access to Psychiatric ARNP Coursework via Web-Based Coursework

Another activity for which this funding was used involved putting the courses for the psychiatry ARNP program at the University of Iowa on-line. With this, those nurses matriculating through the psychiatry ARNP program can now complete almost all (> 95%) of their coursework on line if they so choose, thus not having to relocate during their training. This is the case only for psychiatry, providing a further incentive for those transitioning from masters prepared nurses to ARNP's to chose the psychiatry track.

Enhanced training for the Non-Psychiatric ARNPs

A final nurse-related project for which these funds were used involved the provision of targeted training opportunities to non-psychiatric ARNP's throughout Iowa (i.e., those certified in family practice, internal medicine, pediatrics and geriatrics, most of whom have frequent contact with patients with significant mental health needs). The goal of these activities were to enhance their knowledge base and comfort level in diagnosing and treating mental illnesses.

Physician's Assistant Psychiatry Fellowships:

Ongoing Support for Cherokee PA Post-Graduate Program

As is the case with ARNP's, a relatively small number of PA's choose to focus in psychiatry. Staff at the Cherokee Mental Health Institute attempted to increase interest and competency in psychiatry among PA's by developing a post-graduate psychiatry fellowship program for physicians assistants (PA's). This was the first of its kind in the country. Additional training after the completion of PA school has become increasingly common. There are currently over a hundred post-graduate fellowship programs for PA's in a variety of fields (e.g., anesthesia, cardiology, obstetrics and gynecology). The Cherokee program was the first to offer such training in psychiatry. The program provides a year of additional supervised experience in psychiatry. Over the first several years of this program, it had been supported largely through a grant from HRSA (Health Resource Services Association). This grant is no longer supporting this program. Legislation in the 2006 session provided ongoing support for this program.

Development of U of I Post-Graduate PA Program

The University of Iowa has a PA school that has been consistently ranked as one of the top two in the nation (along with Duke in North Carolina). There are typically ~ 25 students per year in this two year program. In 2006, the department of psychiatry collaborated with the PA school to develop a PA post-graduate fellowship similar to that offered at Cherokee. It had been hoped that its proximity to the University would facilitate recruitment of recent graduates. Training could also be efficiently delivered by taking advantage of the training already going on for psychiatry residents at the University. Legislative dollars in the 2006 session allowed for development of such a program at the University of Iowa.

A curriculum was developed and a candidate was successfully recruited from the U of I 2006 graduating class. That candidate completed training in 2007 and is now in the Iowa psychiatric workforce. The program has been refunded, and is now in its 3rd year. We were unsuccessful in recruiting a candidate in 2007, partly because we were not able to guarantee funding until late in the academic year. We are currently working with IDPH to try to address this issue for future funding cycles. There is one trainee currently in the program, scheduled to complete in June of 2009.

In addition, this year we instituted a new program entitled "PA HELP" (PA Honors Extended Learning Program). The goal of this program is to identify Iowa licensed PA's not currently practicing in psychiatry, but interested or in the process of transitioning to psychiatry, and provide them with access to state of the art psychiatric education. These individuals spend one day / week at the medical center, participate in the resident education series designed for our first and second year psychiatric residents, and receive individual supervision and training in three evidence-based psychotherapies. Our first PA HELP fellow began in August 08.

2007- Enhanced Recruitment/Retention for Psychiatrists

Medical Director Stipends

In the 2007, $200,000 was allocated to the IDPH for "Medical Director Stipends". The plan is for 5 stipends of $40,000 to be made available on a competitive basis to mental health centers in HPSA shortage areas, to be used for recruitment and/or retention of psychiatrists.

The initial intent of this had to do with frustration expressed by both psychiatrists working in CMHC's well as the center directors involving how psychiatrists spend their time. More and more, psychiatrists are being asked to see more clients at shorter and shorter intervals in order to support themselves. Fifteen minute visits have become common practice. Opportunities for psychiatrists to play a meaningful role as an integrated part of the treatment team have become financially non-viable. It is hoped that the stipends would allow psychiatrists to play a more meaningful role in the CMHC, thereby enhancing job satisfaction and presumably retention rates in these settings.

2008 - No new legislative initiatives

There were no new legislative initiatives related to the psychiatric workforce in the 2008 legislative session. However, both projects initiated in the previous two sessions were funded at the same level for 2008.

Proposed 2009 Initiatives

Initiatives at the University of Iowa

Creation of a Public and Community Psychiatry Track in U of I Psychiatry Residency Program

Projected upfront costs: $65,000/year

The goal is to proactively recruit and prioritize two residents per year who have an expressed interest in working in a community-based, publicly funded setting in Iowa. The likelihood of this type of job placement immediately following training would be an overt factor in our matching decisions.

This would prioritize at least two types of candidates: 1) Iowa natives – or those with strong ties to the state, or 2) International medical graduates (IMGs) who are not yet US citizens but hope to get a "green card" and who would therefore be highly motivated to secure and remain in a job for at least three years post-residency in an underserved area.

The Public and Community Psychiatry (PCP) track would include all the basic requirements for residents to complete an adult psychiatry training program. The major differences would be twofold:

1. PCP residents would have more exposure to non-university based clinical settings. This would be done either through telepsychiatry or rotations in community based settings, or ideally a combination of the two. This would be in place of, rather in addition to the clinical settings that residents currently train in (e.g., the outpatient clinics at UIHC and the Iowa City VA).
2. PCP residents would be expected to design and pursue an individual project under the guidance of PCP faculty. These projects might be in a variety of settings to which typical residents do not have exposure, such as schools, jails or prisons, community mental health centers (CMHCs), or state/county departments of mental health or public health.

This type of program was successfully implemented at the University of Oregon for several decades. In that program, residents were required to chose a community-based setting (e.g. CMHC, school, jail); and spend 6 months (typically during their third year) there. Fifty percent of that time was expected to be devoted to clinical work, under the supervision of Oregon Adjunct faculty, and the remainder of the time was to be devoted to a project of their own design. Community mental health centers throughout the state of Oregon are currently staffed largely by residents who did such programs during their training years.

Estimated Costs:
The rate limiting factor for establishing such a program is that residents generate substantial clinical income working at UIHC and the VA that would not necessarily be

equaled in community-based settings, especially if some of the time they were spending in those settings was devoted to anything other than direct clinical service. The anticipated lost revenue is ~ $25K per resident.

Public and Community Psychiatry Track	
Estimated lost revenue during year 3	$25,000
Travel budget per resident	$2,000
subtotal per resident	$27,000
Number of PCP residents/year	2
Cost for all residents	$54,000
Administration (5%)	$3,500
Supplies	$1,000
subtotal	$58,500
Indirect (8%)	$4,680
Total Annual Cost	**$63,180**

Proactive Recruitment of International Medical Graduates (IMGs):

Costs: None

Many IMGs who apply to residency programs have an interest in practicing in the United States for an extended period following their training or even pursuing an immigration status that would allow them to stay permanently. However, this J-1 visa process is known to be complicated, arduous and time-consuming. There are several pathways that can be utilized. One of these is service in a Health Professional Shortage Area (HPSA). The process requires the IMG to practice in a HPSA for three to five years following the completion of residency.

The vast majority of Iowa is classified as Mental Health HPSA. Specifically, 85 of Iowa's 99 counties are currently designated as Mental Health HPSA. [6] A HPSA can also be located in a specific institution, such as a prison.

It is therefore in the interest of many IMGs who wish to stay in the United States long term to choose a residency in which there is likelihood of having such an offer at the conclusion of their training. Having that offer be in a place that does not entail a major relocation would seem to be an added benefit.

In addition to securing an appropriate job offer, the process of negotiating a J-1 visa waiver can present many difficulties. This department has some expertise in this process through some of our faculty who have had to contend with this themselves (e.g., Dr. Morcuende). The Department of Public Health has indicated that they would be willing to work out an agreement in writing that guarantees a J1 visa for appropriate IMG graduates of the community psychiatry tract.

[6] https://www.noridianmedicare.com/p-meda/news/hpsa_psa/iowa_mh.html

Moreover, it is proposed that the department develop and maintain a closer working relationship with state and federal agencies involved in this process. By doing so, faculty members will have better access to updates on data, procedures, and programs. Such agencies can also be very helpful in assisting with placement as they have ongoing contact with potential employers in Iowa's HPSAs. Faculty members would also retain access to attorneys who are well versed in immigration matters.

The ultimate goal would be to provide the IMG with a highly proficient support team and thus a level of assistance that would not be available to them at any other residency program. We would strive to attract the some of the nation's best IMGs with the expressed intent of assisting them post-training with their immigration needs. There would also be a clearly stated expectation of remaining in Iowa for at least 3-5 years post-training, although at this point, we are not proposing any kind of penalty for not doing so.

Development of a Public and Community Psychiatry Telehealth Fellowship Program

Projected upfront costs: *$45,000/ year*

We propose funding for a post-doctoral psychiatry fellow for a one year program based at the University of Iowa. Through this program, fellows would gain experience and expertise in the delivery of psychiatric services to distant sites through telehealth.

Fellows would be expected to:

- Conduct telepsychiatric clinics
    - This would be to ~ 4 – 6 different sites around the state (e.g., 4 – 6 half/day clinics / week). The sites might include
        - Community mental health centers
        - Primary care locations
        - Emergency rooms in general hospitals
        - Schools
    - Fellows would be expected to visit each site at least twice during the year to establish relationships with the personnel involved
- Design and carry out at least one project that can lead to publication in peer-reviewed literature focused on the delivery of telepsychiatric services
- Participate in the teaching of residents and medical students on telepsychiatry
- Develop competence and expertise in the following issues/areas
    - HIPAA issues related to telehealth
    - Documentation issues in telehealth
    - Emergency coverage in telehealth
    - Technical issues – e.g., types of equipment
    - Financial issues – reimbursement, etc.
- Develop relationships with at least one or two new potential sites for telepsychiatry
- Spend at least 50% of their time providing direct clinical care (in person or via telepsychiatry) to patients in underserved areas.

Estimated Costs:
$125,000 without considering any income generated. Realistically, each fellow should be able to generate ~$80,000 through contracts, *thus total needed cost is $45,000 of external funding.*.

Fellowship Program	**Amount**
Salary for fellows	
Base salary for fellow	$80,000
Fringe	24%
Fringe $	$19,200
Salary + Fringe	$99,200
Number of fellows	1
Total Salary	$99,200
Other Costs	
Faculty Support*	$9835
Administration	$1500
Supplies	$750
Travel	$3500
Subtotal	$114,785
Fringe %	8%
Fringe $	$9183
Total (without income)	$123,968
Anticipated Income	80,960
Total Annual Costs	**$43,008**

*10% support for supervisory

Development of a Grant Program for Psychiatric Residents

Projected Upfront Costs: $225,000/year

We propose to establish a program in which stipends would be offered to psychiatric residents at any accredited program in the U.S. in exchange for an agreement to practice in Iowa at completion of their residency training.

We propose stipends of $25,000 per year during their residency training. Grantees could apply for the grant for up to 3 of their total years of training. Each stipend would require a 1:1 yearly payback. That is, residents would be expected to work for one year in a psychiatry underserved area in Iowa for each annual stipend they received. If they chose to work in Iowa in a non-underserved area, this would require a 2:1 payback, i.e., 2 years for each annual stipend.

We are requesting 8 stipends / year. Grantees would be encouraged to apply for multiple years. (Up to 3).

The grant would likely go through the Iowa Department of Public Health (specifically through Doreen Chamberlain in the Bureau of Workforce Development). It could be administered through collaboration with the U of I Department of Psychiatry, or through other mechanisms. Whoever administers the grant program should also have the capacity to match residents with prospective employers in appropriate settings. A review process would need to be established. Criteria would likely include 1) quality of applicants' prior education and achievements; 2) likelihood of remaining in Iowa for the long-term; and 3) interest in working primarily in public settings. Note that these criteria would favor residents at the U of I, although the program would be open to all US residents. We would also anticipate working with IDPH to include a commitment that grantees would be prioritized in existing loan repayment programs (which are frequently under-utilized).

Estimated Costs:

Resident Stipend Program	**Amount**
Amount of Each Stipend	$25,000
Number of Awards / year	8
Total amount in awards	$200,000
Administration*	$7,000
Supplies	$1,500
Subtotal	$208,500
Indirect % to U of I	8%
Indirect $	$16,680
Total Annual Costs	**$225,180**

*~10% salary support for administrator

Other Strategies that Require Substantial State Funding

Increased Psychiatry Resident Positions at the University of Iowa

Total Costs: $600-800,000/year

Under this plan, the University would add 2 additional residency slots to its existing program. These slots would be paid for by the state. They would offer additional funding for the residents relative to their colleagues. They would require that residents pursue the community psychiatry track and that upon completion of residency, they remain in Iowa and work in an underserved area for at least 4 years (1:1 payback).

Increased Reimbursement Rates for Psychiatric Services from Major 3rd Party Payers

Total Costs: Dependent upon rate increase.

Psychiatrists have left the state to practice in bordering states because rates of reimbursement from major 3rd party payers is less favorable in Iowa. An important strategy to enhance both recruitment and retention would be to make reimbursement for psychiatrists at least competitive with, and preferably favorable to surrounding states.